



Sheriff Michael L. Chapman

LOUDOUN COUNTY SHERIFF'S OFFICE

803 Sycolin Road SE, Leesburg, Virginia 20175
Telephone 703-777-0407

Applicant Background Packet



Integrity – Honor – Duty



The information contained in this booklet is an integral part of your selection process for the polygraph examiner and the background investigator. It is important you **download then complete this packet on the computer** and **then** print out the completed packet. **Do not complete the packet by hand.** When asked to provide dates be as specific as possible, **at a minimum** include month and year.

We realize it would be a rarity for any applicant to not have any mistakes or personal indiscretions in their past, so we place a high degree of value on your honesty and integrity in answering the following questions truthfully. We require you be completely honest in each and every area of this booklet. In reference to the area of work history, the term “reprimand” refers to any reprimands or actions more severe. In the areas of criminal activity and illegal drugs, the polygraph examiner understands there may be information you are reluctant to provide or apprehensive to disclose. Regardless, your failure to provide any information in these areas will definitely have an adverse impact on the results of your polygraph examination. Do not minimize, alter, or exclude any details about any information in this booklet. If you are uncertain about a particular issue in any of these areas specific to your situation, err on the side of caution and include the information about that issue. The polygraph examiner and background investigator are authorized to ask any and all questions relating to the information in this booklet. During the polygraph examination and background interview, you will have an opportunity to give an explanation on any and all information you disclosed. In reference to the areas involving family, education, finances, personal history and references please be as detailed and accurate as possible. This will help in your background investigation. The information that you provide in the forthcoming pages is completely confidential and will only be viewed by the polygraph examiner, the background investigator, and other members of the Departmental chain of command for review and hiring purposes. **This booklet must only be filled out by you the applicant.** The applicant can be disqualified for allowing someone else to fill out the booklet. The applicant may also be disqualified if he/she is found to be dishonest about any answers provided.

Please review these instructions carefully. Checking this box acknowledges you have read and understand all of the above instructions. Failing to follow any of the instructions in any portion of the applicant process may result in your removal from the selection process.

FULL LEGAL NAME:

Date of birth (mm/dd/yyyy):

Social Security Number:

Phone number:

Email Address:

Driver's License State:

Driver License Number:

POSITION FOR WHICH YOU ARE APPLYING:

Other:

IF YOU HAVE EVER TAKEN A POLYGRAPH EXAMINATION BEFORE, PLEASE GIVE THE DATE, WHO THE EXAM WAS CONDUCTED BY, AND REASON FOR THE EXAMINATION BELOW.

DATE
(mo/yyyy)

REASON (BE SPECIFIC)/ CONDUCTED BY

RESULTS

DO NOT WRITE BELOW THIS LINE

EXAMINER: _____ DATE: _____ TIME: _____

PF NUMBER: _____

GO TO THE NEXT PAGE.

Instructions: Answer all questions completely. If the question is not applicable write "N.A." Write "UNKNOWN" only if you do not know the answer and cannot obtain the answer from personal records. **Booklets with blank areas will not be accepted. USE ADDITIONAL PAGES AT BACK, IF NECESSARY, TO COMPLETELY ANSWER ALL QUESTIONS**

Position applied for:

PERSONAL BACKGROUND

Full Name:

First

Middle

Last

Suffix

Other Names (Aliases, maiden names, nicknames etc.)

Residence:

(Street and Number)

(City)

(State)

(Zip)

Mailing

Address:

(Street and Number)

(City)

(State)

(Zip)

Office

Address:

(Street and Number)

(City)

(State)

(Zip)

Home

Telephone:

Office:

Cellular:

E-mail

Address:

Personal Web Page:

SSN:

Date
of Birth:

DL No.:

State

Eye Color

Hair Color:

Place of Birth (City, State):

Where did you grow up?
(City, State)

Naturalization (if Applicable)

Country Born:

Date of Naturalization:

Naturalization Number:

Location (City and State):

Work Authorization Document (if applicable)

Type:

Identification Number:

Do you belong to any social media websites

Yes

NO

If yes provide the following:

Website

Screen Name

Email address associated with account

Do you have any body art? (piercings, brandings, tattoos) Yes NO If yes provide the following:

You are required to submit photos of all body art and and piercings with this packet.

Size	Location	Description
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MARITAL HISTORY, FAMILY, ASSOCIATES AND FRIENDS

CURRENT STATUS

Single Married Divorced Widowed Dating

Name of current spouse,
fiancé, significant other:

First	Middle	Last
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Place and date of marriage:

Place	Date
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Partner's present or last address:

Home Phone: Work Phone: E-mail:

Partner's occupation: Partner's last employer:

Partner's Employer's address

List all children and dependents below.

Name	Relationship	DOB
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Are you or have you ever been responsible for making child support payments? Yes No

If Yes, provide amount and if court ordered what jurisdiction: Dates

What court jurisdiction order the payments

Are you current on your payments? Yes No If not, how much do you owe?

Has any agency, whether governmental or private, contacted you because of delinquent child support payments?

Yes No Detail the who, when, where and why of any such notification. What was the result or disposition?

Has the applicant been divorced (separated) or had a marriage annulled? Yes No If yes, list information related to all former spouses below, including information on who initiated and the events that led to the end of the marriage.

Name Phone:
Address Street City State ZIP
Place and date of marriage:
Details:

Name Phone:
Address Street City State ZIP
Place and date of marriage:
Details:

Name Phone:
Address Street City State ZIP
Place and date of marriage:
Details:

PARENTS

Father's Name : Occupation:
Address:
Mother's Name : Occupation:
Address:

SIBLINGS

Name	Relationship	Address
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List the name of current or past law enforcement officers or civilian law enforcement employees you are acquainted with or related to. Detail the relationship. (Friend or know from ride along, etc.)

Name	Relationship/ Years known	Department	Contact number
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Have any of your close friends, associates or members of your immediate family (parents, brothers, sisters, spouse, children or other relatives that live with or near you) ever been arrested as adults that you are aware of either through personal knowledge or hearsay? Yes No If yes, complete the following:

Arrestee's Name	Relationship to Applicant	Arresting Agency	Name of Offense
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PERSONAL REFERENCES

List three (3) persons names (other than anyone already listed) who can provide current information about you.

Title:	Name:	Years Known:		
Address:	Street	City	State	ZIP
Work Address:	Street	City	State	ZIP
Home Telephone:	Work Telephone:	Email address:		
Title:	Name:	Years Known:		
Address:	Street	City	State	ZIP
Work Address:	Street	City	State	ZIP
Home Telephone:	Work Telephone:	Email address:		
Title:	Name:	Years Known:		
Address:	Street	City	State	ZIP
Work Address:	Street	City	State	ZIP
Home Telephone:	Work Telephone:	Email address:		

PERSONAL REFERENCES

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

EMPLOYMENT HISTORY

Beginning with your present or most recent job, list **the last ten years of** employment, including part-time, temporary or seasonal work. Attach extra pages if necessary. Ensure that all dates are listed month/year (mm/yyyy).

1. From: _____ To: _____ Employer: _____
Address: _____
Phone: _____ Job Title: _____
Duties: _____ Annual Salary: _____
Supervisor: _____ Email: _____
Phone: _____ Status: _____
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

2. From: _____ To: _____ Employer: _____
Address: _____
Phone: _____ Job Title: _____
Duties: _____ Annual Salary: _____
Supervisor: _____ Email: _____
Phone: _____ Status: _____
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

3. From: _____ To: _____ Employer: _____
Address: _____
Phone: _____ Job Title: _____
Duties: _____ Annual Salary: _____
Supervisor: _____ Email: _____
Phone: _____ Status: _____
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

EMPLOYMENT HISTORY

Employment History Continued:

4. From: To: Employer:
Address:
Phone: Job Title:
Duties: Annual Salary:
Supervisor: Email:
Phone: Status:
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

5. From: To: Employer:
Address:
Phone: Job Title:
Duties: Annual Salary:
Supervisor: Email:
Phone: Status:
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

6. From: To: Employer:
Address:
Phone: Job Title:
Duties: Annual Salary:
Supervisor: Email:
Phone: Status:
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

Employment History Continued:

7. From: To: Employer:
Address:
Phone: Job Title:
Duties: Annual Salary:
Supervisor: Email:
Phone: Status:
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

8. From: To: Employer:
Address:
Phone: Job Title:
Duties: Annual Salary:
Supervisor: Email:
Phone: Status:
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

9. From: To: Employer:
Address:
Phone: Job Title:
Duties: Annual Salary:
Supervisor: Email:
Phone: Status:
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

Employment History Continued:

10. From: _____ To: _____ Employer: _____
Address: _____
Phone: _____ Job Title: _____
Duties: _____ Annual Salary: _____
Supervisor: _____ Email: _____
Phone: _____ Status: _____
List 1 Co-Worker: **Name** **Phone** **E-mail**

Reason for leaving :

Have you ever received any type of disciplinary action? (Reprimands, suspensions, etc.) Yes No

Explain:

Answer the questions below. If you answer yes to any question explain in the area below.

Yes No

Have you ever been allowed to resign from any job instead of being fired?

Have you ever quit any job because you thought you were going to be fired?

Are you ineligible for rehire at any place of employment?

Have you ever quit any job due to allegations of misconduct on your part?

Have you ever been denied employment due to adverse results of a background investigation?

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

RESIDENCES

Beginning with your present address, list all addresses where you have lived for the last TEN YEARS. Please list two references per address (i.e. neighbors, roommates, landlords, realty companies etc.)

From:

To:

Address:

Reference Name:

Reference Address:

Phone Number:

Email address:

Reference Name:

Reference Address:

Phone Number:

Email address:

From:

To:

Address:

Reference Name:

Reference Address:

Phone Number:

Email address:

Reference Name:

Reference Address:

Phone Number:

Email address:

From:

To:

Address:

Reference Name:

Reference Address:

Phone Number:

Email address:

Reference Name:

Reference Address:

Phone Number:

Email address:

From:

To:

Address:

Reference Name:

Reference Address:

Phone Number:

Email address:

Reference Name:

Reference Address:

Phone Number:

Email address:

Residency Continued:

From:	To:
Address:	
Reference Name:	
Reference Address:	
Phone Number:	Email address:
Reference Name:	
Reference Address:	
Phone Number:	Email address:

From:	To:
Address:	
Reference Name:	
Reference Address:	
Phone Number:	Email address:
Reference Name:	
Reference Address:	
Phone Number:	Email address:

From:	To:
Address:	
Reference Name:	
Reference Address:	
Phone Number:	Email address:
Reference Name:	
Reference Address:	
Phone Number:	Email address:

From:	To:
Address:	
Reference Name:	
Reference Address:	
Phone Number:	Email address:
Reference Name:	
Reference Address:	
Phone Number:	Email address:

Residency Continued: Answer the questions below. If you answer yes to any question explain in the area below

- | | Yes | NO | |
|----|------------|-----------|---|
| 1. | | | Do you reside at any other address on a regular basis? |
| 2. | | | Has Law Enforcement responded to your residence for any reason? |
| 3. | | | Have you ever been evicted or threatened with eviction from any place you lived? |
| 4. | | | Is there any reason why any of your roommates, neighbors, landlords etc will say anything derogatory about you? |

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

TRAFFIC RECORD

List any states that you have held a driver's license (including current license)

1.	Issued Date (mo/yr)	Expiration or Turned in Date	State	License Number
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2.	List your current vehicles and their state registration numbers				
	Year (yyyy)	Make	Model	State Registered	License Plate Number

3. List all moving, violations (i.e. speeding, ran red light, unsafe lane change) that you have received starting with the most recent ticket. "Disposition of Ticket" means how you chose to take care of the ticket (i.e. not guilty, guilty, pay a fine, have the ticket dismissed by a judge, receive deferred adjudication, etc.). If your ticket was for speeding, include the posted speed and the citation speed.

Date (mo/yr)	Agency	Charge	Disposition	Citation Speed	Posted Speed
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4. Do you currently have any unresolved traffic, parking or misdemeanor summonses (ticket) in any court? Yes No
If yes what court and when was the summons(ticket) issued:

5. List **all** reported accidents you have been involved in as a **driver** starting with the most recent accident. For this form, the determination of "At Fault/Not at Fault" is the listed opinion made by the investigative officer, not yours.

Date (mo/yr)	Location (City/State)	Investigating Agency	At Fault Not at Fault
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For the purpose of answering the below question: arrested is defined as being detained by a law enforcement agency or agent acting on a warrant of arrest or summons issued in your name; and detained means transported to jail, transported to a magistrate, or transported before a court clerk where a fine had to be paid or bond posted to avoid your incarceration, whether or not the fine and/or bond was actually posted by you or someone else.

6. Have you ever been arrested or detained in reference to any traffic related offense? Yes No
if so, when (mo/yr) and by what agency?
7. For any reason whatsoever, have you ever in your lifetime failed to pay or otherwise legally dispose of any traffic, parking or other misdemeanor citation? Yes No If yes, please explain:
8. Have you ever been involved in a hit & run accident? Yes No If so, where and when (mo/yr)
9. Have you ever attended a driver improvement course? Yes No If so, where and when (mo/yr)
10. Have you ever been arrested or convicted for driving under the influence of alcohol or any other intoxicant? Yes No
If so provide details, when (mo/year), arresting agency, court jurisdiction, charge, disposition
11. Have you ever operated a motor vehicle while under the influence of any Alcohol, illegal drug or intoxicant? Yes No
If so, how many times? when was the last time (mo/yr)?
12. Have you been stopped by a law enforcement agency and requested to submit to any type of sobriety test? Yes No If
yes when (mo/yr) and what agency?
13. Have you ever fled from or attempted to elude the police while on foot or in a vehicle? Yes No If so, when?
14. Has your vehicle insurance ever been cancelled or denied renewal? Yes No If so, when, explain
15. Have you ever operated a motor vehicle knowing it was uninsured? Yes No If so, when ?
16. Have you ever been arrested for driving without insurance? Yes No If so, what jurisdiction and disposition:
17. Has your driver's license ever been suspended, revoked or declared a habitual offender in any state. Yes No
list when, where, reason and how many times have you driven knowing your license was in any of the above conditions?

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

FINANCIAL HISTORY AND OBLIGATIONS

1. List any and all accounts or property that were repossessed, charged off, or entered into collections:

Account/Property	Date	Explanation
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2. What is your approximate total of indebtedness each month:

List all current monthly debts (i.e. mortgage or rent, credit cards, car loans)

Account Name	Date Opened	Account Type	Monthly Payment
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3. Have you ever written any checks which were returned for "insufficient funds" or been notified by a bank that your account was overdrawn? (Excluding overdraft protection) Yes No If yes, explain circumstances (include date, bank, name and amount of check(s).
4. Have you ever filed for bankruptcy? Yes No If yes, explain circumstances (include date, Court of Record)
5. Have you ever failed to file your Federal or State income tax? Yes No If yes, explain circumstances (include years)
6. Have you ever provided false, inaccurate or misleading information in order to obtain credit, a mortgage, or public assistance? Yes No If yes, explain circumstances.
7. Have you ever had a monetary judgment entered against you by a court of law or a lien filed against you or your property? Yes No If yes, please explain:
8. Have you ever been a party to a lawsuit as a Defendant? Yes No If yes, explain:
9. Have you ever had your wages garnished or accounts frozen? Yes No If yes explain:

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

EDUCATIONAL HISTORY

High School(s) attended	Dates attended From/To	Address	Diploma or GED	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

College/University Attended	Dates Attended From/To	Hours/Credits	Degree (if any)

Other post-high school educational institutions attended (vocational, trade, business, etc.)

Name	City/State	Dates	Course/Certificate/Degree
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How was your post-high school education financed?

If you obtained student loans to fund your education what is your total debt to be repaid?

Did you ever receive any type of academic or any other disciplinary action while in college?

Yes No

If yes, then give a brief summary of each incident:

Were you ever questioned as a suspect in any crimes by campus security or police?

Yes No

If yes, then provide a brief summary of the incident:

EDUCATION

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

ILLEGAL DRUGS

In all cases, the Loudoun County Sheriff's Office is concerned with the illegal sale of drugs to another person (with or without profit to you); purchase of illegal drugs; delivery of illegal drugs to another person; transporting illegal drugs to be sold; trading illegal drugs for anything of value; manufacturing illegal drugs; the cultivation of illegal drug plants; or any other way being involved in an illegal transaction involving illegal drugs (including prescription drugs).

1. In the space provided below, please list the type of illegal drug sold, manufactured, cultivated or delivered, the amount of the illegal drug, your age at the time, and the number of times you engaged in the illegal sale, manufacture, cultivation or delivery of drugs. This would include the illegal sale of any prescription drug.

TYPE OF DRUG	AMOUNT	AGE	TYPE OF ACTIVITY	# OF TIMES
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In recent years, drug usage has become more common in our society, and that many people experiment with drugs. However, it is important that the Department be aware of your **ILLEGAL** drug usage because, as a Law Enforcement Officer, you may in the future be called to testify as a witness in a criminal prosecution of an individual charged with illegal drug use, and the defense could ask about your own personal drug usage in an effort to attack or impeach your credibility.

- | | | |
|---|-----|----|
| 1. Have you ever used any illegal drug, narcotic or controlled substance? | Yes | No |
| 2. Have you illegally used drugs, including marijuana, while employed with a law enforcement or correctional agency? | Yes | No |
| 3. Have you ever used an illegal drug because you were depressed? | Yes | No |
| 4. Have you ever used an illegal drug during working hours or while in the military? | Yes | No |
| 5. Have you ever operated a firearm while under the influence of alcohol, drug, narcotic and/or controlled substance? | Yes | No |
| 6. Have you ever used or tried a prescription drug in a manner that it was not intended? For example using a prescription drug to stay awake or crushing the prescription drug and snorting it. | Yes | No |

If you answered **yes** to any of these questions, please complete the following chart indicating the first time and last time (**month/year**) you used each of the drugs mentioned. Please check only drugs not legally prescribed to you that you have used.

	NAME	STREET NAMES	FIRST TIME USED (mo/yr)	LAST TIME USED (mo/yr)
<input type="checkbox"/>	STIMULANTS			
<input type="checkbox"/>	Benzedrine, Obetrol	Ice, Speed, Crank		
<input type="checkbox"/>	Desoxyn	Upper, Snot, Glue		
<input type="checkbox"/>	Cocaine	Coke, Rock, Crack, Snow		
<input type="checkbox"/>	Other Amphetamines	Dexies, Crystal, Black Beauties, Bennies		
<input type="checkbox"/>	Other Methamphetamines	Meth, Glass, Chalk, Crystal Meth		

CHART CONTINUED ON NEXT PAGE

		FIRST TIME USED (mo/yr)	LAST TIME USED (mo/yr)
NAME	STREET NAMES		
ANALGESICS			
Codeine	Schoolboy		
Roxanol	"M," Morph		
Heroin	Horse, Smack, "H," Speedball (w/ cocaine)		
Dilaudid	Juice, Dillies		
Demerol	Demmies, Pain Killer		
Dolophine	Dollies, Meth		
Talwin	T' s		
Darvon	Pain Killer		
Hycodan, Vicodin	"		
Percodan	"		
Percocet	"		
Oxycontin	Oxy, Hillbilly Heroin		
HALLUCINOGENS			
Marijuana	MJ, Grass, Pot, Smoke		
LSD	LSD		
PCP	Angel Dust, Hog		
MDA	Love Boat, Hug Drug		
MDMA	Adam, Ecstasy, X, E		
DEPRESSANTS/SEDATIVE/ HYPNOTIC			
GHB	G, Liquid Ecstasy		
BARBITURATES			
Luminal	Downers, Goofballs		
Seconal	Seconds, Reds		
Nembutal	Nembies		
Fiorinal, Fioricet	Phennies		
Talbutals	Tooies		
Butisol	Bute, Stoppers		
Amytal	Blue Devils, Yellow Jackets		
Alurate	Barbs, Rainbows		
BENZODIAZEPINES			
Rohypnol	"Roofies"		
Librium	Downers, Nerve Pills, Candy		
Klonopin, Clonazepam	"		
Valium	"		
Dalmane	"		
Ativan	"		
Serax	"		
Xanax	"		
Tranxene	Tranks		
Quaalude	Ludes		
STEROIDS	Roids, Stack, Juice		

8. List any other illegal drugs you have used but are not listed on the chart, include the name of drug, date of first and last use.

9. Does anyone you currently associate with use any illegal drugs in your presence? Yes No

10. To your knowledge, do you know or suspect there are any illegal drugs present in the house or apartment where you currently live? Yes No

11. Have you ever placed any type of illegal drug, narcotic or controlled substance in another person’s food or drink without their knowledge? Yes No

12. When was the last time you were in the physical presence of anyone using illegal drugs (mo/yr)?

What type of illegal drug or drugs were being used?

Explain the circumstance including your relationship to the persons(s) using the illegal drugs

Use this space and/or supplement pages if you wish to provide any comments to your above answer:

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

ARRESTS/CRIMINAL CHARGES/CRIMINAL INVESTIGATIONS

1. Have you ever been charged or convicted of a criminal offense, either as a juvenile or adult? If so provide circumstances including mo/yr and arresting agency

Yes No

2. Complete the following if you've been **arrested** or **appeared as a defendant** in a criminal proceeding, and/or any and all **pending criminal charges** against you other than those listed above.

Date	Name of Offense	Court or Law Enforcement	Disposition
Arrested			

3. Have you ever been investigated or interviewed by any law enforcement , government, or security agency as a suspect or person of interest in any crime? If so provide details, including agency , mo/year

Yes No

4. Have you ever received any criminal summons or criminal citation, either as a juvenile or an adult? If so provide details, including law enforcement agency , jurisdiction, mo/year.

Yes No

5. Do you currently have any outstanding warrants in any jurisdiction or are you wanted for questioning by any law enforcement agency? If so, explain the circumstances, and jurisdiction.

Yes No

Criminal Activity

Criminal Activity - Undetected

The questions in this section pertain to any criminal activity you know you were involved in committing, either directly, indirectly, or as an accomplice or conspirator regardless of whether or not you were caught, arrested, or charged.

Crimes against persons

- | | | | |
|-----|--|-----|----|
| 1. | Have you ever been criminally involved in the death of a person (murder, manslaughter)? | Yes | No |
| 2. | Have you ever unlawfully abducted, kidnapped, or falsely imprisoned another person? | Yes | No |
| 3. | Have you ever committed any intentional act, which caused bodily injury to another person? | Yes | No |
| 4. | Have you ever been involved in hurting, harming or attempting to hurt or harm another person using a firearm, knife, club or any other deadly weapon? | Yes | No |
| 5. | Have you ever been involved in the use of a firearm, knife, club, deadly weapon, physical force, threats or intimidation in order to steal or take property from another person or business? | Yes | No |
| 6. | Have you ever unlawfully caused injury to any person fourteen (14) years of age or younger, sixty-five (65) years of age or older, or who is disabled? | Yes | No |
| 7. | Have you ever been involved in a fight or assault when you were drinking alcohol, inside or outside of a place that primarily sells alcoholic beverages or public establishment? | Yes | No |
| 8. | Have you ever stalked or criminally harrassed anyone? | Yes | No |
| 9. | Have you ever committed any act of violence against a member of your family or household? | Yes | No |
| 10. | Has law enforcement ever responded to any domestic violence incident in which you were involved? | Yes | No |
| 11. | Have you ever received any court order requiring you not to have contact with anyone (i.e. protective order, restraining order)? | Yes | No |
| 12. | Have you ever violated any court order requiring you not to have contact with anyone (i.e. protective order, restraining order)? | Yes | No |
| 13. | Have you ever used a weapon or threatened anyone with a weapon during a domestic dispute? | Yes | No |
| 14. | Have you ever committed any type of sexual assault, either by force, threats or intimidation? | Yes | No |
| 15. | Have you ever had sexual relations with anyone who was incapable of giving consent? | Yes | No |
| 16. | Have you ever exposed your anus or genitals in public in order to harass, shock, frighten, sexually gratify yourself or another person? | Yes | No |
| 17. | Have you ever been involved in a sexual act regardless of your age with another person who was less than fifteen (15) years of age at the time of the act or was more than three years younger than you? | Yes | No |

- | | | |
|---|-----|----|
| 18. Have you ever been involved in any incestuous act, knowingly making sexual contact or sexual penetration to include fondling of breast or genitals for sexual gratification, sexual intercourse, oral sexual, anal sexual penetration, or exposing your genitals or anus to your natural child, stepchild or child by adoption; natural grandchild, step grandchild or grandchild by adoption; sister or half-sister, brother or half-brother, niece or nephew? | Yes | No |
| 19. Have you ever been involved in taking or keeping a child under eighteen (18) years of age out of the state in which the child resides, in violation of a judgment or order of a court disposing of the child's custody? | Yes | No |
| 20. Have you ever had, or attempted to have sexually explicit conversations with a juvenile (under 18 years of age) via the internet or any other media outlet? | Yes | No |
| 21. Have you ever shown or provided a juvenile (under 18 years of age) any form of sexually explicit material? | Yes | No |
| 22. Have you ever viewed, possessed, distributed, or manufactured any form of child pornography? | Yes | No |
| 23. Have you ever been investigated by any authority for allegations of physical child abuse or child neglect? | Yes | No |
| 24. Have you ever participated in any sexual acts involving prostitution, to include committing the act of prostitution, arranging for the services of a prostitute, or profiting from those services? | Yes | No |
| 25. Have you ever bribed, attempted to bribe, blackmailed or attempted to blackmail any government official? | Yes | No |
| 26. Have you ever told any lie, falsehood or misrepresentation of any act while under oath , a sworn or notarize statement? | Yes | No |
| 27. Have you ever filed a false report to any law enforcement officer, including false or prank calls to 911? | Yes | No |
| 28. Have you ever impersonated a law enforcement officer or any other government official? | Yes | No |
| 29. Have you ever been involved in evading, resisting or interfering with any law enforcement officer in making an arrest or detention of any person, including yourself? | Yes | No |

If you marked yes to any of the above criminal activity against persons please provide an explanation. Please include the question number approximate date (mo/year) and circumstances. If more space is necessary use the supplemental pages at the end of packet.

CRIMINAL ACTIVITY - UNDETECTED (Cont.)

The questions in this section pertain to any criminal activity you know you were involved in committing, either directly, indirectly, or as an accomplice or conspirator as well as, whether or not you were caught, arrested, or charged.

- | | | |
|---|-----|----|
| 1. Have you ever committed any act of causing, planning or starting a fire or an explosion to damage or destroy vegetation, fences or structures on open land; a building, residence or vehicle belonging to another person; or a building, residence, vehicle or property belonging to you which was insured? | Yes | No |
| 2. Have you ever been involved in an act involving the intentional damage or destruction of any property belonging to another person? | Yes | No |
| 3. Have you ever been involved in any act involving breaking into a residential, commercial, or outbuilding (garage, shed etc.) building in order to steal cash, property or merchandise; or with the intent to commit any other criminal act? | Yes | No |
| 4. Have you been involved in any act involving the theft of a vehicle? | Yes | No |
| 5. Have you ever been involved in breaking into or entering a vehicle of any kind, including cars, pickups, trucks, trailers, box cars, vans or motor homes in order to commit theft or any other criminal act? | Yes | No |
| 6. Since the age of 16, have you ever shoplifted or helped someone else shoplift any merchandise from a store? | Yes | No |
| 7. Have you ever stolen anything valued over \$50 from an employer (the value may be from a single event or it could be the aggregate amount of several thefts committed as part of a common scheme or episode)? | Yes | No |
| 8. Have you ever stolen any money or property from any of your co-workers? | Yes | No |
| 9. Have you ever returned any stolen merchandise to a store for an exchange or refund? | Yes | No |
| 10. Have you ever short-changed any customers or over-rung sales and kept the money? | Yes | No |
| 11. Have you ever deliberately falsified any time cards, work schedules, expense accounts, payroll documents, purchase orders, bills, invoices, or any other financial documents to commit a theft or fraud? | Yes | No |
| 12. Have you ever illegally downloaded over \$200 in music, movies or other media (the value may be from a single event or it could be the aggregate amount)? | Yes | No |
| 13. Excluding places where you worked or shoplifted, have you ever stolen any money, merchandise or property? | Yes | No |
| 14. Have you ever used someone's credit card, bank card, debit card, ATM card, checking or savings account without that person's permission? | Yes | No |
| 15. Have you ever taken part in any type of theft of money or services from a person or business using a fraud, swindle, or false pretense either in person, via the internet, telephone or other media? | Yes | No |
| 16. Have you ever improperly accessed another person's computer or digital material? Such as, using another person's password to access their private or corporate email, or media storage. | Yes | No |
| 17. Have you ever committed any act of cruelty to any creature or animal which resulted in harm, injury or death, other than legally licensed sport hunting or fishing? | Yes | No |
| 18. Have you ever unlawfully possessed or carried any handgun, explosive weapon, machine gun, short-barreled firearm, armor piercing ammunition, silencer or illegal weapon? | Yes | No |

If you answered yes to any theft question or if you have committed any other theft of property not listed (cash, merchandise or other property) that you have illegally taken from an employer or any other source. Include the value, the date (as close as possible) that the item(s) were taken, and the location from which the item(s) were taken.

ITEM TAKEN	VALUE	DATE	LOCATION

If you marked yes to any of the above criminal activity against property (not included in the above chart) please provide an explanation. Please include the question number approximate date (mo/year) and circumstances. If more space is necessary use the supplemental pages at the end of packet.

Have you ever committed any criminal act (against a person or property) you have not already listed? If yes, Yes No
please explain include date, location.

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

OTHER SECURITY INFORMATION

- | | | | |
|----|---|-----|----|
| 1. | Have you, any family members, or anyone you know, ever been a member of any group or organization which advocates violent dissent or the overthrow of the United States Government? | Yes | No |
| | | | |
| 2. | Have you, any family members, or anyone you know, ever been a member of a group or organization that advocates violence, racism, terrorism or other illegal activities? | Yes | No |
| | | | |
| 3. | Have you ever been a member of a street or motorcycle gang? If yes, provide details including dates | Yes | No |
| | | | |
| 4. | Have you ever taken part in committing sabotage or espionage against the United States? | Yes | No |
| | | | |
| 5. | Have you ever provided confidential, classified or proprietary information from a person, a computer or any other source to the media, another government or corporation, or person without authorization? If so provide details. | Yes | No |
| | | | |
| 6. | Did you apply with the Loudoun County Sheriff's Office for any reason other than gainful employment? | Yes | No |
| | | | |
| 7. | Have you done <u>anything</u> in your past that, if known by the Loudoun County Sheriff's Office could possibly affect your application for employment? If so, explain | Yes | No |

Security Information

8. Have you ever held a security clearance? If yes, describe level and agency granting clearance. Yes No

9. Have you ever had a security clearance denied, suspended or revoked? If so, explain. Yes No

BEFORE CONTINUING, BE SURE THAT YOU HAVE NOT FAILED TO LIST ANY OF THE INFORMATION REQUESTED IN THE PRECEDING QUESTIONS WHICH YOU MIGHT RECALL.

THE POLYGRAPH EXAMINER/BACKGROUND INVESTIGATOR IS AUTHORIZED TO ASK YOU QUESTIONS REGARDING THE TRUTHFULNESS OF YOUR STATEMENTS.

USE THE SPACE PROVIDED TO ADD ANY ADDITIONAL INFORMATION. PLEASE PROVIDE THE SECTION NAME AND QUESTION NUMBER WITH YOUR EXPLANATION YOU MAY ATTACH ADDITIONAL PAGES IF NECESSARY.

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

MILITARY RECORD (Include Reserve or National Guard service)

1. Have you ever applied and been rejected for military service? Yes No
 When (mo/yyyy)? What branch of service?

2. Have you ever been a member of the military including the Reserves or National Guard? Yes No

3. Branch From (mo/yyyy) To Entry Grade Discharge Grade

4. What was your total length of active duty service? (Give years, months)

5. Are you currently in the Reserves? Yes No If so, what is your status:
Ready Reserves Individual Ready Reserves Inactive Reserves Active Duty Reserves

6. Are you currently in the National Guard? Yes No Active Duty Inactive Duty

7. List all types of disciplinary actions, including arrest, if any, (i.e. letter of reprimand, oral reprimand, page 11s, Courts Martial, Captain's Mast, Company Punishment, Article 15) while in the military.

Charge	Date (mo/yyyy)	Age at Time	Disposition
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OTHER MILITARY INFORMATION

Check this box if you have **NEVER** been a member of the Armed Forces in either an active or inactive capacity.

If you served in the military (active or inactive), please answer the following:

1. Have you ever received anything other than an honorable (or general under honorable conditions) discharge from military service? If yes, please explain below. Yes No

2.	Were you ever AWOL or declared a deserter while in the military? If yes, please explain below.	Yes	No
----	--	-----	----

3.	Have you ever stolen anything while in the military or at the time of your discharge? If yes, please explain below.	Yes	No
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4.	Were you ever detained, investigated or arrested by any military authority? If yes, please explain below	Yes	No
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5.	Were you ever detained, investigated or arrested by foreign police while serving overseas? If yes, please explain below	Yes	No
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Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

LAW ENFORCEMENT RELATED EXPERIENCE

1. List all law enforcement agencies or correctional agencies to which you have ever applied for employment (including reserve or auxillary) but were not employed. (Begin with the most recent.)

Agency	Month/Year	Status (tested, failed test, failed board, etc.)
--------	------------	--

2. Have you ever served/been employed in a law enforcement related position? Yes No

This would include positions as a sworn or commissioned Law Enforcement Officer, Sheriff's Deputy, State or Federal agent, Commissioned reserve officer or any other position charged and sworn to uphold the law; cadet, recruit or other position as an entry level student in a law enforcement agency's training academy; a custodial officer, jailer or other position dealing with prisoners in a prison or jail facility; police dispatcher, police communication operator or other position dealing with taking and dispatching of emergency calls or the supervision of emergency call centers; crime laboratory, crime scene or forensic specialists or other position dealing with evidence collection or analysis; or prosecution. If no, skip to the next section on Friends, Associates and Marital History.

3. Are you a certified Law Enforcement Officer or have you ever been a certified Law Enforcement Officer in Virginia, any other state or the federal government? Yes No

If yes and certified in Virginia provide a copy of DCJS Certificate B-13.

4. List certifications and/or licenses, by any state as a Law Enforcement Officer.

Federal Agency or State	License or Certificate	Dates
-------------------------	------------------------	-------

5. Have you ever had your Law Enforcement Officer license suspended, revoked, probated or have you received any type of reprimand or disciplinary action by the state or licensing agency? If so, provide circumstances Yes No

6. Are you currently or have you ever been a reserve, auxiliary officer or intern at a law enforcement agency? Yes No

Where	When
-------	------

How many hours per month do you work as an intern, reserve or auxiliary officer?

8. Have you ever been notified in any form by any law enforcement or corrections agency that you were the subject of an internal investigation, be it criminal, civil or administrative? Yes No
 Detail each occurrence and outcome:

9. Have you ever been notified in any form by a judicial, prosecutorial or grand jury entity that you are/were the subject of an investigation? Yes No
 Detail each occurrence and outcome:

10. Have you ever had any disciplinary actions taken against you while in a law enforcement related profession? Disciplinary action includes days off without pay, oral reprimands, written reprimands, vacation days surrendered in lieu of days off without pay. Disciplinary action also includes surrender of promotion and/or reduction in rank or pay scale. Yes No
 Detail each occurrence and outcome.

Date (mo/yyyy)	Agency	Violation	Type of Discipline
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11. Have you ever been terminated, asked to resign or voluntarily resigned from a law enforcement related position as a result of an internal investigation or allegations of misconduct? Yes No
 Detail each occurrence and outcome.

12. While employed in a law enforcement related position, did you ever commit a felony or misdemeanor for which you would have been punishable by incarceration? Yes No
 If yes, please explain below.

- | | | | |
|-----|--|-----|----|
| 13. | While employed in a law enforcement related position, have you ever abused a prisoner or violated a prisoner's civil rights?
If yes, please explain below. | Yes | No |
| | | | |
| 14. | While employed in a law enforcement related position, have you ever accepted a bribe or pay off?
If yes, please explain below. | Yes | No |
| | | | |
| 15. | While employed in a law enforcement related position, have you ever filed a false report/official record? If yes, please explain below. | Yes | No |
| | | | |
| 16. | While employed in a law enforcement related position, have you ever warned a person that they were the subject of a any investigation (criminal, Internal etc.)?
If yes, please explain below. | Yes | No |
| | | | |
| 17. | While employed in a law enforcement related position, have you ever run and/or used any computerized Law Enforcement Only Databases (i.e. NCIC or motor vehicles) for personal reasons?
If yes, please explain below. | Yes | No |
| | | | |
| 18. | Have you ever released any Law Enforcement Sensitive, Confidential, or Classified information to anyone without proper authorization? If yes, please explain below. | Yes | No |
| | | | |
| 19. | Have you ever used the internet FaceBook or any other social media to provide false, derogatory information designed to embarrass or humiliate a friend, co-worker, supervisor or employer? If yes explain. | Yes | No |

Please review all of the information in this section for accuracy. By checking this box, you are acknowledging you have not deliberately falsified or omitted any of the information in this section.

Loudoun County Sheriff Office
Personal History Statement Supplement

Supplemental Information

Loudoun County Sheriff's Office
Personal History Statement Supplement

PLEASE READ, SIGN AND DATE

You have now completed the polygraph pre-test booklet/personal history statement. You should stop for a moment and think about your answers to insure that you have accurately portrayed all of the information that was requested. Review your answers. If you now recall any information that was requested which you did not place in the booklet, go back and make the correction.

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NOT WITHHELD, FALSIFIED, OR MISREPRESENTED ANY INFORMATION REQUESTED IN THIS BOOKLET. I HEREBY GRANT AUTHORIZATION TO THE LOUDOUN COUNTY SHERIFF'S OFFICE TO CONTACT ANY PERSON OR ORGANIZATION FOR INFORMATION AND/OR DOCUMENTS TO VERIFY THE VALIDITY OF ANY PREVIOUS STATEMENT.

This Document must be signed in the presence of a Notary:

City/County of _____

State or Commonwealth _____

The foregoing instrument was subscribed and sworn

before me this day _____.

Applicant's Full Legal Name (printed)

Applicant's Full Legal Signature

Notary Public

Notary registration number: _____

My commission expires: _____

END OF BOOKLET